

**RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF WATER RESOURCES
FY 2005**

Priority Determination System
Requested Project Information Sheet

Applicant: _____ Contact Person: _____

Street Address: _____ Title: _____

City & Zip Code: _____ Phone: _____

Project Name/Number: _____

Total Cost: _____ Anticipated Start Date: _____

Project Description:

Proposed or Predicted Water Quality Benefit:

DEM USE ONLY

Rating Date: _____ Project Category: _____

OWR Comments: _____

Reviewers' Initials: _____ / _____ / _____ / _____ / _____ / _____

PROJECT RATING CRITERIA SUMMARY

POINTS

I. Existing Conditions Criteria

II. Proposed Facilities Criteria

III. Water Quality Improvement Criteria

IV. Intergovernmental Needs Criteria

V. Readiness to Proceed Criteria

Grand Total
